Michigan Department of Community Health
Bureau of Health Systems
Division of Licensing and Certification

FACILITY INFORMATION SHEET

To ensure the accuracy of facility information in the database and to ensure that licenses contain accurate information, this facility form must be submitted for each licensed facility. DO NOT send with the invoice (see page 2).

Section 1: Facility Information

1. Facility Name:	2. Facility Address:
3. Facility Phone Number: Facility Fax Number:	4. CCN/Medicare Provider #: 23- National Provider Identifier (NPI) #:

Section 2: Administrator Information

1. Administrator Name:
2. Phone Number:
3. E-mail Address:

Section 3: Ownership (legal entity which directly owns the facility):

1. Licensee/Owner of Facility:	2. Federal Tax ID Number:

Section 4: Accreditation

Is your facility Medicare certified? _____ yes _____ no

Has the facility been granted "deemed status" by CMS by means of an accrediting organization such as JC, AAAHC, AAAASF, AOA, CHAP or ACHC? _____ yes _____ no

If yes, list accrediting organization: _____

Expiration date of accreditation : _____

Attach a copy of your approval letter.

Section 5: Licensed Beds (hospital and hospice residence only)

I. Medical/surgical

1. ICU _____ 2. Rehab _____
3. Other _____ 4. Swing _____

(total of 1, 2, 3 and 4 must match medical/surgical total) Total Medical/Surgical Beds _____

II. Pediatric

1. NICU _____ 2. Non-NICU peds _____

(total of 1 and 2 must match pediatric total) Total Pediatric Beds _____

III. Obstetrical Total Obstetrical Beds _____

Total Facility Beds (excluding psych beds) _____

IV. Hospice Residence

1. Hospice Residence beds _____
2. LTC licensed-only hospice beds _____

Total Hospice Residence Beds _____

Section 6: Certification by Applicant

The Administrator certifies that the information provided is true, complete and accurate to the best of his/her knowledge.	
Administrator Signature:	Date:

This form should not accompany the invoice. Send to the Division of Licensing and Certification:

MDCH Bureau of Health Systems
Division of Licensing and Certification
PO Box 30664
Lansing, MI 48909

fax (517) 241-3354

email: DCH-BHS-L&C@michigan.gov

Contact (517) 241-4160 with any questions.